V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13245

Registration District No. FILED MAY 12 1942 Primary Registration District No. 1002 Registrar's No. 1688

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leeds T.B. Sn. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours (Specify whether years, months or days)
In this community 10 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 802 Independence Ave. 0
(If rural, give location)
(e) Citizen of foreign country? NO. (~~Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME Harry BROWN
3. (b) If veteran, name war DONT KNOW
3. (c) Social Security No. DONT KNOW
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife unk.
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Jan. (Month) 9 (Day) 1880 (Year)
8. AGE: Years 62 Months 3 Days 9 If less than one day hr. min.
9. Birthplace Muskogee (City, town, or county) OKla. (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name John Williams
FATHER 13. Birthplace Muskogee (City, town, or county) Okla. (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Leeds T B M. Hosp.
(b) Address Leeds, Missouri
17. (a) Cremation (~~Burial~~, cremation, or removal) (b) Date thereof 4-30-42 (Month) (Day) (Year)
(c) Place ~~Burial or cremation~~ KC Western Dental College
18. (a) Signature of funeral director Felgum + Greenstreet
(b) Address 1819 E. 15th K.C. Mo
19. (a) 4-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour 6 00 minute P.M.
21. I hereby certify that I attended the deceased from April 18 11 00 PM 1942 to April 18 6 00 PM 1942 that I last saw h~~im~~ alive on April 18 6 00 PM 1942 and that death occurred on the date and hour stated above.

Immediate cause of death ~~1~~ [illegible] auto [illegible] bilateral [illegible] tuberculosis — Duration

Due to 13 B1

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address K.C.T.C. Hospital Date signed
K.C. Mo.

361 (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3836

P. O. Address 1819 E 18th KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.